LAB REPORT

001298

GRAM STAIN:	Few	Mod.	Man
Gram Positive Cocci in Clusters			
Gram Positive Cocci in Pairs and/or Chains			
Gram Positive Bacilli			
Gram Negative Diplococci			
Gram Negative Bacilli			
WBC's			

RESULTS

NO ORGANISMS SEEN ☐ ANALYST:

CULTURE:

NO BETA-HEMOLYTIC STREPTOCOCCUS DETECTED

ANALYST: DV

Collected By: Jo DeSalvo Time Collected: 1920

- ☐ Urine Culture { ○ Clean Catch ○ Cath ○ Sensitivity ○ Suprapubic
- ☒ Rapid Strep Screen ☒ Throat ○ NP
- ☐ Blood Culture & Sensitivity
- ☐ Stool (Salmonella, Shigella, Campylobacter, Yersinia)
- ☐ GC Screen ○ Vag ○ Cx ○ Ureth ○ Rect ○ Throat

SEND SEPARATE SLIP FOR EACH SQUARE CHECKED

BACTERIAL CULTURES 1 of 1 MICROBIOLOGY

Children's Hospital Medical Center

CHART

SBF Form 0488 1/84

SBF - Form No. 0488 12-81

009053

0875 Dr98

GB 68L

Room

Children's Hospital Medical Center

EMERGENCY DEPARTMENT NURSING NOTES

Regist. Use: 118

MCR 430260•0 5 118
MOORE LEE E
52152177/0 M 10 19 74
522 9203 8 6 84
DR KEGLER

NAME: Moore, Lee AGE: 9yr TIME: 1840 TRIAGE INITIALS: LN TRIAGE TO: MEB

CHIEF COMPLAINT: Swollen neck SENT BY: Father

AMB. CARRIED WHEEL CHAIR STRETCHER SOURCE OF CARE: Dr Kegler

ASSESSMENT: BOY c/o Sore Throat & R neck swelling under ear. Low-grade fever.

CHRONIC PROBLEMS: None ALLERGIES: None EXPOSURES: None

ACCIDENT: TIME: PLACE: WEIGHT: 28.4 CURRENT MEDS: None

TIME	T	P	R	B/P	MENTAL STATUS	COLOR	INTRAVENOUS FLUIDS MEDICATIONS	TOTAL READING IN BOTTLES	ABSORBED	NURSING NOTES	SIGNATURE
1900	100 4/10	100	32		Alert	pink				C/o sore throat x 1 day c (R) "swollen glands"	M Bashford RN

COMPLETED PROCEDURES:

TIME: TIME: 1910

	CBC		BLOOD CULTURE	
	ELECTROLYTES	✓	THROAT CULTURE	
	BUN		STOOL CULTURE	
	CREATININE		U/A	
	GLUCOSE		URINE CULTURE	
	OTHER		X-RAY OF:	
			OTHER:	

DISCHARGE INSTRUCTIONS: As per Dr Neal

SIGNATURE: M Bashford RN

ADMITTING:
REPORT CALLED BY:
REPORT GIVEN TO:
TIME:
TRANSPORT BY:
RECEIVED BY:

SBF FORM NO. 0630 4/82

009054

0035 0794

COMMENTS: 118 SWOLLEN NECK 6:40P

Patient Acct. No.	Registration Date	Time of Regis.		Chg. Ind.
52152170	08/06/1984	06:43PM		
Patient Type	**Hospital Service**		**Fin Cl**	
E	MED		S	

Patient Name: MOORE LEE E — **Birth Date:** 10/19/1974

Sex/MS	Ethnic	AKA
M/S	B	

Patient Address: 1280 MEREDITH DR — **City:** CINTI

State	Zip Code	Home Phone
OH	45231	513-522-9203

Mar. Stat. of Parent: D DIVORCED — **Guardian Name:** — **Relation:**

Father's Name: — **Mother's Name:** MOORE GEORGIA L

Medicare No	Eff Date		Med. Rec. Number
		34061	4302600

Guarantor Name: MOORE, GEORGIA — **Rel. Cd:** F — **Social Sec. No.:**

Home Phone: 513-522-9203 — **Guarantor Address:** 1280 MEREDITH DR

City	State	Zip Code	Business Phone
CINTI	OH	45231	

Employer: GM — **Occupation:** FACTORY

Employer Address: SMITH RD — **City:** CINTI — **State:** OH — **Zip Code:**

Blue Cross No	BC Plan Cd	Effective Date	Type

Subscriber: — **Relationship:**

Company Name: — **Address:**

City, State & Zip Code:

Policy No.: — **Commercial Ins. Name:**

Group	Effective Date	Subscriber	Relation

Company Name: — **Address:**

City, State, Zip Code:

Medicaid No	ADC No	Case Name

Category	State	County	Void Date

BCCS No: — **ADC No:** — **State:**

County: — **Effective Date:** — **Expiration Date:**

Blue Shield Plan: — **Insurance State:** — **Other MD Cover:** — **Policy No:**

Interviewer	Hosp. Ins. Code	Ins. Code	Ins. Pkg.
JLB			

SBF Form No. (illegible)

ASSIGNMENT OF BENEFITS: I authorize the release of all medical information related to the care and treatment of the above named patient requested by such agencies concerned with payment of charges of the authorized hospital service.

I hereby authorize payment to the hospital and physician rendering services described herein. I understand that I am responsible to the hospital and physician for charges not covered by this authorization.

Signature: Consent form — **Relationship:**

009055

0035 0793

MCR 43025040 S 118
MOORE LEE E
521521770 M 10 19 74
522 9203 8 6 84
DR KEGLER

EMERGENCY DEPARTMENT REGISTRATION FORM

Children's Hospital Medical Center
Elland and Bethesda Avenues • Cincinnati, Ohio 45229

Complaint or Cause of Accident	Place/Time/Date
SWOLLEN NECK	

Patient Name	Arrival Time
MOORE LEE E	0640P

Primary Source of Care	Who Sent You	Triage Person	Triage To
DR KEGLER	SELF	LN	MER

Temp	Pulse	Resp	B.P.	Weight
100.4	180	32		28.4

HISTORY/PHYSICAL

TIME IN ROOM

TIME DISCHARGED

940 BMc 1 d hx of swollen (L) neck + sore throat. No URI symptoms. Swelling (L) side of neck - tender grad. ↑ in size throughout the day. Sl. hoarse speech. Low grade fever. No V/D. No cough.
Neg PMHx → Dreshaw recurrent "raspy" voice not necessarily ass c̄ URI etc.

PE: Alert BMc NAD Skin clear
HEENT - Sl red post pharynx s̄ petechiae or exudate. TMs clear Eyes clear. Nose clear
Neck - (L) side 3×2 cm firm sl. tender post cerv. adenopathy. Nonfluctuant s̄ redness.
Chest clear CV RRR s̄ m Abd benign No HSM
No other adenopathy noted

LAB RESULTS AND TREATMENT

☐ Lytes ☐ UA
☐ BUN ☐ UC
☐ BS ☐ BC
☐ Kidney Grp. ☒ T/C — ✓ by MD
☐ CBC ☐ SC
☐ ESR ☐ LP
☐ X-ray ☐ Other

Parents instructed to have his hoarseness f/u'd once off meds.

DISCHARGE INSTRUCTIONS / MEDICATIONS
Cefaclor 250 mg tid × 10 d

☐ Fever ☐ Diet
☐ Antibiotics ☐ Casts
☐ Head Injury ☐ X-Rays
☐ Lacerations ☐ Hand Washing
☐ Injuries

PRIVATE / CLINIC DOCTOR CALLED ☐ YES ☐ NO
FOLLOWUP CARE DOCTOR: To Kegler if not better 2d   DATE
DIAGNOSIS: Lymphadenitis   CODE

CONDITION UPON DISCHARGE ☒ EXCELLENT ☐ GOOD ☐ FAIR

I HAVE BEEN INFORMED AND UNDERSTAND THESE INSTRUCTIONS   Parent Signature

PHYSICIAN SIGNATURE: Roy Heard

DISPOSITION ☒ HOME ☐ ADMIT

ATTENDING PHYSICIAN

SPECIALTY ☐ PEDS ☐ GEN. SURG ☐ OTHER

ISOLATION ☐ NO ☐ YES IF YES, TYPE

FLOOR

FOLLOW-UP ☐ Positive ____ culture ☐ Positive ____ X-Ray
☐ Patient contacted
☐ Physician contacted
Date ________ Signature ________

CONSENT I authorize the performance of any medical or surgical procedures deemed necessary for the diagnosis and/or treatment of the above named patient

SIGNATURE: Consent form   RELATIONSHIP

009056

0035 0792

COMMENTS: ENT SPEECH CL

Patient Acct. No.	Registration Date	Time of Regis.		Chg. Ind.
51021459	12/10/1982	02:50PM		
Patient Type	Hospital Service		Fin Cl	
E	ENT		X	

Patient Name		Birth Date
MOORE	LEE E	10/19/1974

Sex/MS	Ethnic	AKA
M/S	B	

Patient Address	City
1280 MEREDITH DR	CINTI

State	Zip Code	Home Phone
OH	45231	513-522-1092

Mar. Stat. of Parent	Guardian Name	Relation
D DIVORCED		

Father's Name	Mother's Name
	MOORE GEOGIA L

Medicare No.	Eff. Date		Med. Rec. Number
		34061	☐4302600

Guarantor Name	Rel. Cd.	Social Sec. No.
FINNEYTOWN , SCHOOL DIST	O	

Home Phone	Guarantor Address
	8779 WINTON RD

City	State	Zip Code	Business Phone
CINCINNATI	OH	45231	

Employer	Occupation

Employer Address	City	State	Zip Code

Blue Cross No.	BC Plan Cd.	Effective Date	Type

Subscriber	Relationship

Company Name	Address

City, State & Zip Code

Policy No.	Commercial Ins. Name

Group	Effective Date	Subscriber	Relation

Company Name	Address

City, State, Zip Code

Medicaid No.	AOC No.	Case Name

Category	State	County	Void Date

BCCS No.	AOC No.	State

County	Effective Date	Expiration Date

Blue Shield Plan	Effective Date	Other MD Cover	Policy No.

Interviewer	Pry. Ins. Code	Ins. Code	Ins. No.
SD	X51	X51	

Form No. 0534-8-82

ASSIGNMENT OF BENEFITS. I authorize the release of all medical information related to the care and treatment of the above named patient requested by such agencies concerned with payment of charges of the authorized hospital service.

I hereby authorize payment to the hospital and physician rendering services described herein. I understand that I am responsible to the hospital for charges not covered by this authorization.

Signature	Relationship

009057

8035-8791

CHILDREN'S HOSPITAL MEDICAL CENTER
Elland & Bethesda — Cincinnati, Ohio 45229

EMERGENCY DEPARTMENT REGISTRATION FORM

12 10 82

ENT

430260-0
MOORE LEE E
31021459 M 10/19/74

HISTORY/PHYSICAL 12/10/82
XX51 ENT SPEECH

Complaint or Cause of Accident	Place/Time/Date
ENT SPEECH	

Patient Name		Arrival Time
MOORE	LEE E	0200P

Primary Source of Care	Who Sent You	Triage Person	Triage Tm
	FINNEYTOWN	DC	

Temp.	Pulse	Resp	B.P.	Weight

TIME IN ROOM

TIME DISCHARGED

LAB RESULTS AND TREATMENT

- ☐ Lytes
- ☐ BUN
- ☐ BS
- ☐ Kidney Grp.
- ☐ CBC
- ☐ ESR
- ☐ X-ray
- ☐ UA
- ☐ UC
- ☐ BC
- ☐ TC
- ☐ SC
- ☐ LP
- ☒ Other — Fibroscope

DISCHARGE INSTRUCTIONS / MEDICATIONS

- ☐ Fever
- ☐ Antibiotics
- ☐ Head Injury
- ☐ Lacerations
- ☐ Injuries
- ☐ Diet
- ☐ Casts
- ☐ X-Rays
- ☐ Hand Washing

Condition Upon Discharge: ☐ Excellent ☐ Good ☐ Fair — Date / Time

Follow Up Care Doctor — Date

Diagnosis: VC Nodules — Code: 4785

Physician Signature

I HAVE BEEN INFORMED AND UNDERSTAND THESE INSTRUCTIONS. Parent Signature

DISPOSITION
- ☐ Home
- ☐ Admit
- ☐ Transfer

ADMITTING PHYSICIAN
SPECIALTY
FLOOR

CONSENT I authorize the performance of any medical or surgical procedures deemed necessary for the diagnosis and/or treatment of the above named patient.

Signature — Relationship

FOLLOW-UP
- ☐ Patient contacted
- ☐ Physician contacted

Date _____

☐ Positive ____ culture ☐ Positive ____ X-ray

Comment:

009058

Signature _____

0035 8198

CHILDREN'S HOSPITAL MEDICAL CENTER

12 10 82

ENT

43C26D-C 5
MCCRL LEE L
M 10/19/74
522 1092
CCCL

CLINIC PROGRESS SHEET 5102459

NAME

12.092 EW

— Hoarseness

— Oxymycin →

(R) (L)

Otitis

Otitis on (R)

RG

AMBULATORY REGISTRATION — CHILDREN'S HOSPITAL MEDICAL CENTER

Patient Account No.	Registration Date	Time of Registration			Pat. Type	Hosp. Serv.	Misc. File	Fin. Cl.	Pymt Sour.	# Ins.
80594434	12/10/1982	01:03PM			O	ENT		C		

PATIENT INFORMATION

Patient Name	Also Known As	Date of Birth	Sex/MS	Ethnic
MOORE, LEE E		10/19/1974	M/S	B

Patient Address	City	State	Zip Code	
1280 MEREDITH DR	CINTI	OH	45231	DR#1000638COTTON, ROBIN MD.

Mar. Stat. of Parents	Father's Name	Mother's Name
D DIVORCED		MOORE GEORGIA L

Patient Phone	Guardian Name	Relationship	Previous CHMC Service
513-522-1092			

Medicare No.	Effective Date	County Code	Medical Records No.
		34061 HAMILTON, OH	4302600

GUARANTOR INFORMATION

Name	Relationship	Social Security No.	Home Phone
MOORE, GEORGIA L	MOTHER	[redacted]	513-522-1092

Address	City	State	Zip Code
1280 MEREDITH DR	CINTI	OH	45231

Employer	Occupation	No. of Years	Business Phone
GENERAL MOTORS NORWOOD	RECAP CLERK	17Y	513-841-5093

Address	City	State	Zip Code
4726 SMITH ROAD	NORWOOD	OH	45212

INSURANCE INFORMATION

Blue Cross No.	Relationship	Subscriber	Blue Cross Plan
[redacted]	M MOTHER	MOORE GEORGIA L	B11 *BLUE CROSS SWO 332

	Effective Date	Type	Company Name
	05/01/82	0370R	GENERAL MOTORS NORWOOD

	Address	City, St., Zip
	4726 SMITH ROAD	CINTI OH

Policy No.	Commercial Insurance Co. Name	Subscriber	Relationship
[redacted]	METROPOLITAN	MOORE GEORGIA L	M MOTHER

	Group	Effective Date	Company Name
			GENERAL MOTORS NORWOOD

Physician Coverage	Address To Mail Insurance Forms To:	City, St., Zip
	4726 SMITH ROAD	CINTI OH

Medicaid No.	ADC No.	Category	Case Name	State	County	Void Date

BCCS No.	ADC No.	State	County	Effective Date	Expiration Date

Blue Shield Plan	Effective Date	Other Physician Coverage	Policy No.

Interviewer		Physician Ins. Code	Insurance Code	Insurance No.
D.W		002	B11	[redacted]

Complaint or Cause of Accident	Place	Date/Time

Remarks: NEW TO ENT

Diagnosis	Diagnosis Code	Surgical Code	CPT Code	Surgical Cutting
				Yes ☐ No ☐

Treatment & Lab Results:

Follow Up Care Order	Date	
		M.D.

"I hereby register my child for the _____ Clinic program at Children's Hospital Medical Center and authorize the performance of any medical treatment, diagnostic or routine procedures (which may require the use of sedatives or local anesthesia), and which may be reasonably expected to be a part of the normal clinic program."

I understand that during the diagnostic or treatment activities of the Clinic, it may be in the best interests of my child to refer him/her to other Clinics within Children's Hospital Medical Center, to continue diagnosis, treatment or care of my child. I authorize such transfer to and treatment therein.

SIGNED Georgia L Moore RELATIONSHIP TO PATIENT Mother

009060

0035 0788

12-10-82 ENT

CHILDREN'S HOSPITAL MEDICAL CENTER

510214 59

APPOINTMENT and ATTENDANCE RECORD

10/19/74

NAME

DATE OF BIRTH

REFERRED BY

APPOINTMENT DATE

12·10·82 ENT

SBF FORM NO. 0011 — 12/75

009061

0035 0787

WOODWARD HIGH SCHOOL
7001 READING ROAD
CINCINNATI, OHIO 45237

Office Phone 1-513-758-1200 Fax 1-513-758-127

FAX TRANSMISSION COVER PAGE

DELIVER TO: Jessica N Love

FAX#: 614-644-0702 PHONE#:

FROM: Dee Harrigan, Registrar

DATE: 12/2/99 TIME:

TOTAL NUMBER OF PAGES INCLUDING COVER PAGE: 7

(PLEASE CALL AT ONCE IF YOU ARE MISSING ANY PAGES)

COMMENTS: Lee E Morn

This is all the information I have on

student

Dee,

CINCINNATI PUBLIC SCHOOLS

Student _____ HOME ROOM _____

Student ID _____

GRADE _____ SCHOOL YEAR _____

TEACHER	COURSE NUMBER	COURSE	GRADES - CREDITS 1st MARK PERIOD	2nd MARK PERIOD	3rd MARK PERIOD	4th MARK PERIOD	FINAL GRADE	CREDIT	ABSENT
									TARDY
									CREDITS EARNED THIS YEAR

Nineteen and one-half Carnegie units are required for graduation, effective with the graduation class of 1981. Specific course requirements for all general and vocational education pupils except those enrolled in 4½ or 5 hour day vocational programs and special education programs are as follows:

- English (9, 10, 11, 12) - 4 Carnegie units
- Mathematics - 2 Carnegie units
- Science - 2 Carnegie units (Life Science - 1 year, Physical Science - 1 year)
- Social Studies - 2 Carnegie units (1 year must be American History and Government)
- Fine Arts - ½ Carnegie unit
- Health - ½ Carnegie unit
- Physical Education - ½ Carnegie unit

LEVELS OF INSTRUCTION

THE FIFTH DIGIT OF THE COURSE NUMBER IDENTIFIES THE LEVEL OF DIFFICULTY OF INSTRUCTION ACCORDING TO THE TABLE BELOW

EXAMPLE: 051930 = ENGLISH 9A
(THE 3 IDENTIFIES ACADEMIC LEVEL OF INSTRUCTION)

1 — UNCLASSIFIED (ART, MUSIC, PHYSICAL EDUCATION, ETC.)
COMPREHENSIVE (AVERAGE)
ACADEMIC (ABOVE AVERAGE)
AA GRADES 10 AND 11, ADVANCED
ACADEMIC PREPARATORY FOR
ADVANCED PLACEMENT
- ADVANCED PLACEMENT
- VOCATIONAL EDUCATION
- HANDICAPPED

009063

CINCINNATI PUBLIC SCHOOLS

WOODWARD
7001 READING RD
CINCINNATI, OH 45237

DATE 06/25/93

STUDENT MOORE, LEE EDWARD JR
STUDENT ID 62203120 HOMEROOM 212
GRADE 10 MARKING PERIOD 4 SCHOOL YEAR 1992-93

PRINCIPAL MICHAEL G HICKS

GRADES - CREDITS

TEACHER	COURSE/SEC NUMBER		COURSE NAME	FIRST SEMESTER 1ST MK PERIOD	2ND MK PERIOD	SEM EXAM	SEM GRADE	SECOND SEMESTER 3RD MK PERIOD	4TH MK PERIOD	SEM EXAM	SEM GRADE	FINAL STATUS
BUSH,	051130	08	ENGLISH 11	-N/A-	-N/A-		I	X	X	F	F	U.00
FAIRA	085310	54	PHYS ED 9-12	-N/S-	-N/S-			X	X	F	F	U.00
LINGE	113930	02	ALGEBRA 1	-N/A-	-N/A-		I	X	X	F	F	U.00
GROHS	132030	03	CHEMISTRY	-N/A-	-N/A-		I	X	X	F	F	U.00
JONES	155030	01	US HISTORY	-N/A-	-N/A-		I	F	X	F	F	U.00

MOORE, LEE EDWARD JR 10
62203120 SUMMER 1993
WOODWARD GRD CR AB
ENGLISH 11 W 0.00 00

HONOR ROLL			HONOR ROLL	NONE	NONE	TOTAL CREDITS	0.00
HOMEROOM ABSENCE	00	00	00	00	HOMEROOM ABSENCE	17	00	08	00	TOTAL ABSENCE	25	00

SUMMER SCHOOL GRADES

009064

PERMANENT SECONDARY STUDENT RECORD #7891

LAST NAME Moore, Jr. FIRST Lee MIDDLE STUDENT NUMBER SEX DATE OF BIRTH 10 / 11 / 14 (MO. DAY YR.)

FATHER Lee Moore MOTHER Georgia Moore GUARDIAN BIRTHPLACE STATE

HOME ADDRESS	ZIP	TELEPHONE	DATE
1101 Clearbrook Dr	45229	242-1482	1-29-93

LAST MIDDLE/JUNIOR	LOCATION	ENTERED	WITHDREW

SECONDARY SCHOOLS ATTENDED

SCHOOL	LOCATION	ENTERED	WITHDREW
Mt. Healthy High - Cinti		-	1/29/93
WOODWARD HIGH SCHOOL		1-29-93	11-4-93 P

DATE	TRANSCRIPTS RELEASED
VI · overage	

PHOTO

PHOTO

TEST DATA

Name: MOORE, LEE EDWARD JR FALL-83
Id: 82203120 Test Level: 09
School: WOODWARD IRN: 042188
Cincinnati Public Schools - State Proficiency

Writing	Reading	Mathematics	Citizenship
NOT TESTED	NOT TESTED	NOT TESTED	NOT TESTED

10

Revised MARCH, 1986 FORM 7891.

LAST NAME FIRST NAME MIDDLE NAME STUDENT NUMBER DATE OF BIRTH

MT. HEALTHY HIGH SCHOOL 2046 Adams Road, Cincinnati, Ohio 45231 Phone: 729-0130

MOORE, LEE E.
STU # 000750291 ID 000750291
1280 MEREDITH DR
BORN 10/19/74 MALE

ADDRESS _____
Cincinnati, Ohio 452__
PARENT OR GUARDIAN: _____

A = 90-100 (Excellent)
B = 80- 89 (Above Avg.)
C = 70- 79 (Average)
D = 60- 69 (Below Avg.)
F = 0- 59 (Falling)

Was or will be graduated
~~WD 4-19-91~~
~~WD 6-1-92~~
WD 1/29/93

RANK: (Based on Major subjects only) COLLEGE RECOMMENDATION: Grades A through C

6 Semesters: _____ In a class of _____ Cum. Ave. _____ 8 Semesters: _____ in a class of _____ Cum. Ave. _____

000750291 1989-90 MOORE, LEE E.
CUM- 1.04761
PREVIOUS CREDITS- .000

PHYS ED I	C		C	.250
HEALTH		D	D	.500
ENGLISH I	C	D	D	1.000
GENERAL MATH	D	D	D	1.000
C/P FRENCH I	C	F	F	
ART I	F	D	D	1.000
ANIM KINGDOM	F		F	

TOTAL CREDITS- 3.750

Eng II Mth. S.S. 91 D C C 1.000

Foods I - ½
Tge I - ½

credits current as of 8-92
89-90 - 3¾
90-91 - 2 Grade 7 + S.S. I
91-92 - 1 semester
6¾
Eng I, II - III
Math. Eve. math
mail/sent to Mom's employ
spec. all teachers

MT. HEALTHY HIGH SCHOOL
2046 Adams Road
Cincinnati, Ohio 45231
Guidance Office
(513) 729-0181
OFFICIAL TRANSCRIPT
DATE 2-19-93
Susan Dorn
~~COUNSELOR~~
Registrar

MT. HEALTHY HIGH SCHOOL

2046 Adams Road, Cincinnati, Ohio 45231
Guidance Office
(513) 729-0130

WITHDRAWAL PERMIT

PUPIL Lee Moore (750291) GRADE 10 DATE 1/29/93

REASON moving out of district

AUTHORIZATION

PERIOD	SUBJECT	GRADE TO DATE	BOOKS RETURNED YES	BOOKS RETURNED NO (BOOK NO.)	BOOKS RETURNED N/A	TEACHER SIGNATURE	AMOUNT OF FEE OWED	AMOUNT OF FEE REFUND
1	Meteocology	N/A		✓ 86-78		[signature]	-0-	-0-
2	English III							
3	Amer. History	N/A		✓ [illegible]		[signature]		
4	G. Alg. I Pt. 1							
5	P.E. II	N/A	✓			[signature]		
6	Careers	1		✓		[signature]		

LIBRARY J. Baker 1/29/93

ADMINISTRATIVE OFFICE [signature]

COUNSELOR R [illegible]

ATTENDANCE OFFICE (Mrs. Wall)

FEES OR OBLIGATIONS (Mrs. Kallec) X

DATA PROCESSING (Mrs. McCann) [signature]

ATHLETIC OFFICE (Mrs. Stragand)

Lee E. Moore

Parent or Guardian Signature

(TO RELEASE RECORDS)

MT. HEALTHY HIGH SCHOOL

7046 Adams Road, Cincinnati, Ohio 45231 Guidance Office (513) 728-0130

WITHDRAWAL PERMIT

PUPIL Lee Moore (750291) GRADE 10 DATE 1/29/93

REASON moving out of district

AUTHORIZATION

PERIOD	SUBJECT	GRADE TO DATE	BOOKS RETURNED YES	BOOKS RETURNED NO (BOOK NO.)	BOOKS RETURNED N/A	TEACHER SIGNATURE	AMOUNT OF FEE OWED	AMOUNT OF FEE REFUND
1	Meteorology	N/A		✓ 36-78			$21	-0-
2	English III	~~N/A~~		✓ 178-78 McDonald Littell Rydlan		CPW	$2/00	
3	Amer. History	N/A		✓ Weather		Walker	$18	
4	G. Alg. I Pt. 1	N/A		✓ 228-87			$6.00	
5	P.E. II	N/A	✓					
6	Careers	1		✓			$4.50	
							~~$100.50~~	

MODERN EARTH SCIENCE

LIBRARY P. Baker 1/29/93

ADMINISTRATIVE OFFICE Mabel Stearns

COUNSELOR R Stu

ATTENDANCE OFFICE (Mrs. Weil) Nancy Weil

FEES OR OBLIGATIONS (Mrs. Keller) X

DATA PROCESSING (Mrs. McCann) Sandra M Elam

ATHLETIC OFFICE (Mrs. Stragand) JStragand

Lee E Moore

Parent or Guardian Signature

(TO RELEASE RECORDS)

31
21
18
26
14.50
100.50

009067

Last: Price, First: Lee, Middle: E

IMMUNIZATION

TYPE	DATE MO/DAY/YR				
DPT	4 12 74	2 28 74	2 24 75	4 12 76	/ /
POLIO	12 25 74	2 24 75	6 12 75	4 12 76	6 12 77
MEASLES	10 31 75	/ /	10-31-75 H-E URCC		
RUBELLA	10 31 75	/ /			
MUMPS	2 14 82	/ /			
OTHER	/ /	/ /	/ /	/ /	/ /

Required by compulsory immunization law; 4 DPT; 3 Polio; 1 Live Measles Vaccine on or after child's first birthday; and 1 Rubella.

TUBERCULIN

DATE MO/DA/YR	TYPE	RESULT	DATE MO/DA/YR	TYPE	RESULT
/ /	Tine	Pos	/ /		

POSTURAL SCREENING (SCOLIOSIS)

DATE MO/DA/YR	RESULTS (Positive or Negative)	DATE REFERRED	ACTION TAKEN
/ /		/ /	
/ /		/ /	
/ /		/ /	
/ /		/ /	

DENTAL

TYPE OF PREVENTION PROGRAM

FLUORIDE (Check) WATER	SUPPLEMENT	MOUTH RINSE	NO. OF YEARS	INSTRUCTION (Type of Program)	NO. OF YEARS

DENTAL REPORT (Date Examined)		DENTAL DISORDER (Date Reported) (See enclosed Dental Record)	
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /

ADDITIONAL SCREENING

DATE MO/DA/YR	TEST	RESULT	DATE MO/DA/YR	TEST	RESULT
/ /			/ /		
/ /					

HEARING

DATE MO/DA/YR	AUDIOMETRY RESULTS (Pass/Fail) R	L	OTHER TESTS (Specify) R	L	DATE REFERRED	ACTION TAKEN DATE	(Aid, Seating, Lip Reader, T/A, Tubes, etc.)
/ /					/ /	/ /	
/ /					/ /	/ /	
/ /					/ /	/ /	
/ /					/ /	/ /	
/ /					/ /	/ /	

SPEECH and LANGUAGE

DATE MO/DA/YR	NORMAL	DISORDERS (Check) Artic.	Rhythm	Voice	Lang.	DATE REFERRED	ACTION TAKEN (Check) Speech Ther.	Med. Eval.	Other (Describe)
/ /						/ /			
/ /						/ /			
/ /						/ /			
/ /						/ /			
/ /						/ /			

VISION

DATE MO/DA/YR	DISTANCE ACUITY R	L	WEARS GLASSES	DATE REFERRED	ACTION TAKEN
/ /				/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	

	MUSCLE BALANCE (Pass or Fail) Distance	Near	FARSIGHTEDNESS (Pass or Fail)	COLOR (BOYS ONLY) (Pass or Fail)
/ /				

SPECIAL NEEDS

DATE MO/DA/YR	SPECIAL NEEDS OR CONDITIONS (See enclosed explanation)	TEACHER ALERTED DATE
/ /		/ /
/ /		/ /

Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 644-9972

DAVID H. BODIKER
State Public Defender

Rec'd
1st Follow-up
2nd Follow-up

November 24, 1999

Central Baptist School
7645 Winton Rd.
Cincinnati, Ohio 45224

Attention: Records

Re: State of Ohio v. Lee E. Moore

Dear Sir/Madam:

Please be advised that the Ohio Public Defender is representing **Lee E. Moore** in the above referenced matter. The information requested herein is necessary for a detailed social history to be completed on his behalf.

In our efforts to properly represent **Mr. Moore** we are requesting that you provide us with any and all ***education records*** regarding **Mr. Moore**. These records should include, but are not limited to:

Education

- academic performance (grades), including
- teachers' names;
- attendance records;
- psychological and IQ testing dates and outcomes;
- disciplinary problems and/or other
- achievements/recognitions;
- attendance records;
- parent-teacher conferences;
- grade retentions and reasons;
- any organizational activities he may have been
- involved in;
- any other information pertinent to him, his
- siblings and his parents in relation to his
- academic performance.

To assist you in locating these records, Mr. Moore's birthdate is 10/19/74 and his social security number is [redacted]. His parents are Lee and Georgia Moore.

In addition to our records request stated above please indicate the name of your agency's custodian of records, as it may be necessary to have the authenticity of the documents verified. Please forward this information to Ohio Public Defender, Attn: Jessica H. Love on or before December 3, 1999.

An authorization for release of all such records is enclosed for your files.

Sincerely,

Jessica H. Love
Mitigation Specialist

JL/cw

Enclosure

#102093v1

Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 728-3670

AUTHORIZATION TO RELEASE INFORMATION

TO: Central Baptist School
7645 Winton Rd.
Cincinnati, OH 45224

RE: State of Ohio v. Lee E. Moore

DATE: 11/24/99

You are hereby authorized to release to the Office of the Ohio Public Defender all records or other documents currently in your possession. Their representative may examine and make copies of all of my medical, psychological, hospital, police, and employment records, or any other records he/she may deem necessary in his/her work on my behalf. You are authorized to discuss these records and any other matters concerning me with said representative and are asked to assist him/her on the current investigation.

This authorization includes release of information concerning background, testing, and treatment of drug and alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV).

Lee E. Moore
Client's Signature

WITNESS:

009071

Central Baptist Schools

Richard Voiles - Administrator *Michael Jones - Elementary Principal*

7645 Winton Road • Cincinnati, Ohio 45224-1396 • Phone (513) 521-5481

November 30, 1999

Jessica H. Love
Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998

Dear Ms. Love,

Please find enclosed the information which you have requested. Our current Custodian of Records is Mrs. Sharon Jackson.

We are pleased that we could be of assistance.

Sincerely,

Richard Voiles

Richard Voiles
Administrator